



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Request  
For  
Continued Examination (RCE)  
Transmittal**

## Address to:

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

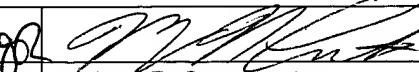
|                        |                        |
|------------------------|------------------------|
| Application Number     | 09/986,377-Conf. #5133 |
| Filing Date            | November 8, 2001       |
| First Named Inventor   | Tomoko YAMADA          |
| Art Unit               | 2113                   |
| Examiner Name          | Y. L. Wilson           |
| Attorney Docket Number | 1982-0171P             |

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
  - a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
    - i.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
    - ii.  Other \_\_\_\_\_
  - b.  Enclosed
    - i.  Amendment/Reply  Information Disclosure Statement (IDS)
    - ii.  Affidavit(s)/Declaration(s)  Other \_\_\_\_\_
2. **Miscellaneous**
  - a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
  - b.  Other \_\_\_\_\_
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
  - a.  The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 02-2448. I have enclosed a duplicate copy of this sheet.
    - i.  RCE fee required under 37 CFR 1.17(e)
    - ii.  Extension of time fee (37 CFR 1.136 and 1.17)
    - iii.  Other \_\_\_\_\_
  - b.  Check in the amount of \$ 790.00 enclosed
  - c.  Payment by credit card (Form PTO-2038 enclosed)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                   |   |                  |              |
|-------------------|---|------------------|--------------|
| Signature         |  | Date             | July 6, 2006 |
| Name (Print/Type) | Michael R. Cammarata  | Registration No. | 39,491       |

07/07/2006 SZEWDIE1 00000079 09986377

01 FC:1801

790.00 0P



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b> |                        |
|   |  | Application Number       | 09/986,377-Conf. #5133 |
|   |  | Filing Date              | November 8, 2001       |
|   |  | First Named Inventor     | Tomoko YAMADA          |
|   |  | Examiner Name            | Y. L. Wilson           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Art Unit                 | 2113                   |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 790.00)  |  | Attorney Docket No.      | 1982-0171P             |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 |                       |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |                       |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 |                       |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues) 50 25  
Each independent claim over 3 (including Reissues) 200 100  
Multiple dependent claims 360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
|                     |                     |                 |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| 20                  | - 20 =              | x _____         | = _____              |                                  |                      |
| 3                   | - 3 =               | x _____         | = _____              |                                  |                      |

**3. APPLICATION SIZE FEE**

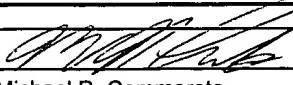
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u>  |
|---------------------|---------------------|---|-----------------|-----------------------|
| _____               | - 100 = _____       | /50 _____ (round up to a whole number) x _____ = _____  |                 | <u>Fees Paid (\$)</u> |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00)

|   |                                   |        |           |                |  |
|---|-----------------------------------|--------|-----------|----------------|--|
| <b>SUBMITTED BY</b>   |                                   |        |           |                |  |
| Signature  | Registration No. (Attorney/Agent) | 39,491 | Telephone | (703) 205-8000 |  |
| Name (Print/Type) Michael R. Cammarata  |                                   |        | Date      | July 6, 2006   |  |